COMPLAINT INTAKE FORM FOR COMPLAINTS FILED UNDER SECTIONS 208, 224, 255, 716, AND 717 OF THE COMMUNICATIONS ACT OF 1934, AS AMENDED

1. Case Name: Verizon Pennsylvania LLC and Verizon North LLC v. Metropolitan Edison Co., Pennsylvania Electric Co., and Penn Power Co.
2. Complainant's Name, Address, Phone and Facsimile Number, e-mail address (if applicable): See Attachment A
3. Defendant's Name, Address, Phone and Facsimile Number (to the extent known), e-mail address (if applicable):
See Attachment A
4. Complaint alleges violation of the following provisions of the Communications Act of 1934, as amended: 47 U.S.C. § 224
Answer Yes, No, or N/A to the following:
Y5. Complaint conforms to the specifications prescribed by 47 CFR § 1.721.
Y6. If Complaint concerns pole attachments, Complaint also conforms to the specifications prescribed by 47 CFR § 1.1404.
Y7. Complaint conforms to the format and content requirements of the Commission's rules, including but not limited to:
Ya. If damages are sought, the Complaint comports with the specifications prescribed by 47 CFR § 1.723.
Yb. Complaint contains a certification that complies with 47 CFR § 1.722(g).
Yc. Complaint contains a certification that complies with 47 CFR § 1.722(h).
Yd. Complaint includes an information designation that complies with 47 CFR § 1.722(i).
Ye. Complaint attaches copies of all affidavits, tariff provisions, written agreements, offers, counter-offers, denials, correspondence, documents, data compilations, and tangible things in the complainant's possession, custody, or control, upon which the complainant relies or intends to rely to support the facts alleged and legal arguments made in the Complaint.
Yf. Complaint attaches a certificate of service that conforms to the specifications prescribed by 47 CFR §§ 1.47(g) and 1.734(f).
Yg. Complaint attaches verification of payment of filing fee in accordance with 47 CFR §§ 1.722(k) and 1.1106.
8. If Complaint is filed pursuant to 47 U.S.C. § 271(d)(6)(B), complainant indicates whether it is willing to waive the 90-day complaint resolution deadline.
9. Complainant has service copy of Complaint by hand-delivery on either the named defendant or one of the defendant's registered agents for service of process in accordance with 47 CFR §§ 1.47(e) and 1.734(c).
10. If more than ten pages, the Complaint contains a table of contents and summary, as specified in 47 CFR § 1.49(b) and (c).
11. Complainant has filed the correct number of copies required by 47 CFR § 1.51(c), if applicable, and 47 CFR § 1.734(b).
Y12. If Complaint is by multiple complainants, it complies with the requirements of 47 CFR § 1.725(a).
N/A 13. If Complaint involves multiple grounds, it complies with the requirements of 47 CFR § 1.725(b).
14. If Complaint is directed against multiple defendants, it complies with the requirements of 47 CFR § 1.734.
Y 15. Complaint conforms to the specifications prescribed by 47 CFR § 1.49.

ATTACHMENT A

Complainants

Defendants

Verizon Pennsylvania LLC

900 Race Street

Philadelphia, PA 19107 Phone: (202) 515-2179

Fax: (202) 289-7983

Verizon North LLC 900 Race Street

Philadelphia, PA 19107 Phone: (202) 515-2179 Fax: (202) 289-7983 Metropolitan Edison Company 2800 Pottsville Pike P.O. Box 16001

P.O. Box 16001 Reading, PA 19612

Pennsylvania Electric Company

2800 Pottsville Pike P.O. Box 16001 Reading, PA 19612

Pennsylvania Power Company

233 Frenz Drive

New Castle, PA 16101

Agency Tracking ID:PGC3325335 Authorization Number:08738C Successful Authorization -- Date Paid: 11/20/19 FILE COPY ONLY!!

REMITTANCE ADVICE FORM 159 PAGE NO 1 OF 1 SECTION A - Payer Information (2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card) Wiley Rein LLP (4) STREET ADDRESS LINE NO. 1 1776 K Street, N.W. (5) STREET ADDRESS LINE NO. 2 (6) CITY Washington (7) STATE DC (10) COUNTRY CODE (IF NOT IN U.S.A.) 202-7197000 x7235 FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED (11) PAYER (FRN) (12) FCC USE ONLY (13) APPLICANT NAME IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C) (13) APPLICANT NAME	50-059		
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